

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575 658

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		3				
6		0				
7		0				
8		0				
9		0				
10		1				
11			1			
12			1			
13			1			
14			1			
15			1			
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50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	10	←	8	←		←
TOTAL CLAIMS	11		9			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						